

HIV/AIDS in Zambia

A USAID Brief

Positive signs are emerging that Zambia's HIV/AIDS epidemic may be slowing. According to the Ministry of Health and the Joint United Nations Programme on HIV/AIDS (UNAIDS), national prevalence levels are estimated between 19 and 22 percent. New nationwide surveillance was conducted in late 2001 and early 2002; results are expected in mid-2002. National studies of sexual behavior document a decline in high-risk behaviors among youth between 1998 and 2000. Survey findings show that youth are delaying sexual debut, and are practicing abstinence and more consistent condom use.

Recent analyses of age-specific prevalence levels show encouraging trends among 15- to 19-year-olds and 20- to 25-year-olds. Between 1993 and 1998, there was a 42 percent decline in HIV seroprevalance among Zambian youth 15 to 19 years old. Seropositivity rates dropped from 28 percent in 1993 to 15 percent in 1998 for 15- to 19-year-olds in Lusaka. National behavioral surveillance data indicate a reduction in reported casual sexual behavior from 17 percent in 1996 to 11 percent in 1999. This decline was validated by an external UNAIDS analysis.

There has also been a marked increase in condom use, particularly with casual partners. Between 1998 and 2000, nationwide condom use among sexually active persons having non-regular partners within the last 12 months increased from 33 percent to 39 percent among men, and from 24 percent to 34 percent among women. A comparison of results from 1998 and 2000 document a decline in the proportion of persons reporting a non-regular partner in the past 12 months, from 33 percent to 22 percent among men, and from 12 percent to 11 percent among women.

A comparison of findings from the 1998 and 2000 Zambia Sexual Behavior Survey provides further evidence of behavioral change and the positive impacts of health interventions.

Knowledge of condoms as a method of protection against HIV increased between 1998 and 2000 from 65 percent to 69 percent for men, and from 44 percent to 64 percent among women.

Findings from the 2000 survey indicate that 84 percent of men and 79 percent of women know that HIV/AIDS can be avoided through appropriate behavioral choices. Eighty-nine percent of men and 83 percent of women know that a healthy looking person can still transmit the virus that causes AIDS.

The impact of the epidemic is being felt at all levels of society and in every sector. The number of Zambian orphans, largely due to



the impact of AIDS (estimated at approximately 1.2 million at the end of 2001) continues to rise, and youth-headed households are reported in many urban and rural districts. Zambia is home to an estimated 45,000 street children.

NATIONAL RESPONSE

History of HIV/AIDS Program Development

In 1992, the Zambian government began taking a new decentralized approach to health services with the goal of providing Zambians with “equity of access to cost-effective, quality health care as close to the family as possible.” Zambia’s decentralization of health services marked a radical departure from past approaches, often excessively centralized and non-consultative. Under the new approach, responsibility for providing services is being delegated to the district level to make services more responsive to local needs.

The government first developed a strategic plan to address HIV/AIDS in the mid-1980s. A plan developed in 1997 served as a framework for the government’s multisectoral response for the period 1999-2001. The plan was updated for the period 2000-2002, and has since been amended to become a 5-year plan for the period 2000-2004. The plan aims to prevent further HIV infection and mitigate the socioeconomic impact of the epidemic, and is implemented in partnership with the private sector and non-governmental organizations (NGOs). The

National Strategic Framework has been formally costed.

Collaboration with Government/Donors

The United Nations expanded HIV/AIDS Theme Group is an important national forum on HIV/AIDS issues and challenges. The U.S. Agency for International Development (USAID) is an active participant and contributor. The U.N. Group brings together partners, bilateral donors, and multilateral partners on key advocacy, financial, and human capacity building issues. The Director General of the National AIDS Council and the Minister of Health are frequent presenters at this forum.

USAID assisted the Zambian government in establishing the National AIDS Secretariat and Council and provided technical assistance to develop the Zambian National HIV/AIDS Strategic Framework, finalized in late 2000.

The National AIDS Council is a multisectoral body that provides national leadership, coordination, policy guidance, and resource mobilization. Selected line ministries have seats on the Council, along with representatives from civil society. Collaborating partners have one representative on the Council. USAID/Zambia and its partners are supporting national HIV/AIDS policy development as a key topic.

In February 2002, Zambia formed a Country Coordinating Mechanism (CCM) to plan and coor-

Estimated Number of Adults and Children Living with HIV/AIDS (Ministry of Health, 2002)	1.2-2.0 million
Total Population (2001)	10.6 million
Adult HIV Prevalence (Ministry of Health, end 1998)	19.7 percent
HIV-1 Seroprevalence in Urban Areas	
Population at High Risk (i.e., sex workers and clients, STI patients, or others with known risk factors)	68.7 percent
Population at Low Risk (i.e., pregnant women, blood donors, or others with no known risk factors)	27.1 percent

Sources: UNAIDS, U.S. Census Bureau, Ministry of Health

dinate national HIV/AIDS, malaria and tuberculosis (TB) intervention strategies and to lead national consensus building on the strengthening of financial management of HIV/AIDS resources. In April 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria awarded a total of \$92 million in grants to Zambia over 5 years for HIV/AIDS prevention and mitigation (with \$19 million for the first year).

USAID SUPPORT

USAID supports the Zambia Integrated Health Program (ZIHP), a 5-year program that includes integration of HIV/AIDS activities. Key interventions include behavior change communications, increasing access to condoms, control of sexually transmitted infections (STIs), voluntary counseling and testing (VCT), community care and support services, and policy development. In FY 2002, USAID provided \$18.5 million to help support the Government of the Republic of Zambia (GRZ) and Zambian civil society in the fight against HIV/AIDS.

USAID supports the following programs:

Capacity building/People living with HIV/AIDS

USAID is working to strengthen the involvement of Zambian persons living with HIV/AIDS (PLWHAs) in all aspects of its program planning and implementation. It works closely with Network of Persons Living with HIV/AIDS on institutional strengthening, including instituting monthly debates on critical issues surrounding HIV/AIDS. The International HIV/AIDS Alliance, a USAID centrally funded project, provides extensive technical support to increase national involvement of PLWHAs and promote VCT in target districts.

Care and support

Through its VCT initiative and mother-to-child transmission (MTCT) program, USAID is supporting broadly conceived care and support programs with NGO and faith-based partners. These programs reach both communities and households. USAID is sponsoring positive living associations and eight-week courses for positive living advocates. As part of the current MTCT initiative with the LINKAGES

Project, USAID facilitates the creation of mother/father support groups for mothers and couples infected with HIV/AIDS.

USAID has supported a model assessment of care and support service capacities and need in four districts through a partnership with TvT Associates/The Synergy Project, Kara Counseling Trust, and Family Health International (FHI)/Impact.

Children affected by HIV/AIDS

Zambia's SCOPE orphans and vulnerable children program, implemented by CARE International, Family Health Trust, and FHI/Impact, works to mobilize community resources to care for orphans and vulnerable children (OVC). The project – active in 12 districts – provides assistance in creating economic safety nets and providing psychosocial support to children and families hardest hit by the epidemic. By early 2002, SCOPE had disbursed more than \$275,000 in subgrants to districts and community-level OVC programs. It facilitated the formation of 12 district-level multisectoral OVC action committees and 43 community OVC committees. USAID/Zambia continues to support national OVC policy development and nationwide coordination by working in partnership with UNICEF and the Ministry of Youth, Sport and Child Development.

Condom social marketing

Through Population Services International (PSI) and Society for Family Health (SFH), USAID has supported a strong social marketing program for condoms since 1992. Sales of socially marketed condoms rose from 5.3 million in 1998 to 10.1 million in 2001, averaging a 24 percent increase each year in 3 years. Sales of female condoms reached 73,500 in 2000 – double the target set for that year.

Faith-based programs

USAID expanded its strategic planning and implementation program with faith-based partners beginning in January 2002. The program focuses on national level advocacy, activities with three church coordinating bodies. USAID-supported partners continue to engage with the Zambia Interfaith Network to build HIV/AIDS-related leadership and advocacy skills among pastors and congregational leaders in faith-based organizations.

Multisectoral response

USAID/Zambia is fully committed to a multisectoral HIV/AIDS program response. During February 2001, a Mission-wide team developed a multisectoral framework that has expanded its response from health to include other Strategic Objectives. These activities include:

Strategic Objective 1 – Increased Income for Selected Rural Groups:

- A Cooperative League of the United States of America (CLUSA) project has incorporated HIV/AIDS prevention messages for farmers and CLUSA workers' training, and has designated a point person for HIV/AIDS activities/issues. More than 900 peer educators have been trained in HIV/AIDS information, education and communication activities. As a result, by the end of 2001, 6,044 rural farmers had been trained to do the same on their farms. In the Eastern Province, CLUSA has included literacy training in its forestry management program. Literacy courses also include HIV/AIDS prevention and care and support messages.
- The Zambia Chamber of Small and Medium Business Associations holds workshops to train its members in HIV/AIDS issues.
- The International Executive Service Corps provides capacity building services to businesses in the tourism sector and works with the District Business Association to develop workplace HIV/AIDS programs in Livingstone.

Strategic Objective 2 – Improved Quality of Basic Education for More School-Aged Children:

- The School Health and Nutrition Project in Eastern Province focuses primarily on deworming and micronutrients, but also integrates HIV/AIDS activities.
- The Community Participation project in Southern Province also focuses on HIV/AIDS sensitization.

- A distance learning program is providing HIV/AIDS messages to children who are in community schools.

Strategic Objective 4 – Democratic Governance:

- The Democratic Governance group supports increased participation in public debate on HIV/AIDS through civil society organizations.
- Programs are expanding HIV/AIDS education for legislators and legal parishioners.
- Programs support public debate on the legal rights of orphans and widows.

The multisectoral program has started work in Livingstone District, where implementing groups from all four SO Teams have come together. This program coordinated through the district-level HIV/AIDS Task Force, chaired by the government.

Operations research

Recent operations research by the Population Council/Horizons Program include an STI study in three mining communities and an MTCT prevention demonstration project in Ndola. Additional research is assessing the involvement of PLWHAs in community-based preventive care and services. An innovative operations research study of youth involvement in community-level care and support offers a promising model of expanding the number of skilled caregivers to assist PLWHAs in rural communities.

Policy

USAID supports national and district-level training on the Policy Project's AIDS Impact Model presentation module. Policy team members have facilitated the development of a referral center on HIV and human rights at the Zambian Network of Persons Living with HIV/AIDS.

Prevention/Education

A USAID-supported youth mass media campaign, Helping Each Other to ACT Responsibly Together (HEART), stresses abstinence for youth who are not yet sexually active and condom use for those who

are. The campaign has produced five television advertisements and an award-winning music video titled “Abstinence is Cool”.

Through FHI/IMPACT, World Vision, and SFH, USAID is implementing an HIV/AIDS prevention and control program targeting truck drivers and sex workers at six border sites. The program is being scaled up to include multisectoral activities.

An HIV/AIDS workplace initiative, FACEAIDS, was initiated in FY 2000 through ZIHP. As of spring 2001, it had provided information, education and communication materials to 24 workplace sites in Lusaka and in Zambia’s Copperbelt.

Voluntary counseling and testing

USAID works with the Zambia Counseling Council and Kara Counseling to increase the number of HIV/AIDS counselors and testing services. VCT services are currently being initiated in 11 districts as part of a multi-donor program called the Zambia Voluntary Counseling and Testing Partnership, which operates 54 counseling and testing sites nationwide.

CHALLENGES

According to the HIV/AIDS/STD/TB Strategic Framework Summary, 2001-2003, Zambia faces the following obstacles to a successful national response to HIV/AIDS:

- A need to harmonize program efforts and political decision making;
- A lack of guidance on macro-economic policies relating to HIV/AIDS;
- Unresolved policy barriers to HIV/AIDS prevention programs;
- A poorly developed system for HIV/AIDS advocacy;
- Difficulties in scaling up programs;
- Limited coverage by NGOs;
- Limited private sector involvement; and
- Lack of gender-based planning for HIV/AIDS programs.

SELECTED LINKS AND CONTACTS

1. USAID/Zambia, Allan Reed, Mission Director, and Robert Clay, Population, Health, and Nutrition Team Leader, 351 Independence Avenue, P.O. Box 32481, Lusaka. Tel: 260-1-254303, Fax: 260-1-254532, Web site: <http://www.usaid.gov/zm/>
2. Zambia National AIDS Network, P.O. Box 32401, Lusaka. Tel: 260-1-231153
3. Zambian National HIV/AIDS/STD/TB Council Secretariat, E-mail: aidsec@zamnet.zm
4. Population Services International/Society For Family Health, ZIHP-SOM, Plot 39, Central Street, P. O. Box 50770, Lusaka. Tel: 260-1-292443, Fax 260-1-292463, E-mail: sfh@zamnet.zm

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For more information, see www.usaid.gov/pop_health/aids/ or www.synergyaids.com.*

Please direct comments on this profile to: info@synergyaids.com.

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